

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT'S

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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